HYPERALDOSTERONISM

(Aldosteronism; Conn's Syndrome)



BASIC INFORMATION

DESCRIPTION

An endocrine disease caused by overproduction of aldosterone, a hormone manufactured by the adrenal gland. Excess aldosterone causes the kidneys to absorb too much sodium and water and eliminate too much potassium. It involves the adrenal glands, which are attached to the upper part of the kidneys. It can affect both sexes (females more than males) and is more common in adults between ages 30 and 50.

FREQUENT SIGNS AND SYMPTOMS

- Fatigue and weakness.
- · Temporary paralysis (sometimes).
- · Tingling sensations in the arms, legs, hands and feet.
- · Urinary frequency, especially at night.
- · Thirst.
- · Severe muscle spasms.
- · Vision disturbances.

The following are apparent with diagnostic tests:

- · Low blood levels of potassium.
- · High blood levels of sodium.
- High blood pressure.

CAUSES

Increased adrenal secretion of aldosterone. This is caused by:

- A tumor of the adrenal gland.
- High blood pressure or kidney disease, causing increased production in the kidneys of a hormone (renin) that controls aldosterone levels.

RISK INCREASES WITH

- Diet that contains large amounts of black licorice.
- · Kidney disease.
- · Congestive heart failure.
- · Cirrhosis of the liver.
- Use of oral contraceptives.
- Use of diuretic drugs that cause potassium loss.
- · Pregnancy.

PREVENTIVE MEASURES

If you have kidney disease or high blood pressure, remain under a doctor's care, and adhere strictly to your treatment program even if you have no symptoms.

EXPECTED OUTCOMES

If the disorder is caused by an adrenal tumor, it is usually curable with surgery. If it is caused by kidney disease or high blood pressure, medical treatment for these disorders will control symptoms of hyperaldosteronism.

POSSIBLE COMPLICATIONS

- · Congestive heart failure.
- · Atherosclerosis.
- · Kidney failure.



TREATMENT

GENERAL MEASURES

- Diagnostic tests may include laboratory blood studies of electrolyte levels and CT or MRI scan of the kidneys and adrenal glands.
- Treatment usually involves medications and a sodium restricted diet.
- Weigh daily and keep a record. Report a gain of 3 or more pounds in a 24-hour period.
- Surgery to remove adrenal gland (adrenalectomy) in some patients.
- Wear a medical alert type bracelet or pendant to identify your medical condition and any medications you take.

MEDICATIONS

- Spironolactone to decrease the aldosterone effect. This drug may cause breast enlargement and sexual impotence in men. Other drug options are amiloride and triamterene.
- High-blood pressure medication may be prescribed.

ACTIVITY

No restrictions, if surgery is not necessary. If it is, resume your normal activities gradually.

DIET

Eat a diet that is low in sodium and high in potassium. Foods rich in potassium include dried apricots and peaches, raisins, citrus fruits, lentils and whole-grain cereals. Don't eat black licorice.



NOTIFY OUR OFFICE IF

- You or a family member has symptoms of hyperaldosteronism.
- New, unexplained symptoms develop. Drugs used in treatment may produce side effects.